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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number **EN11358**

First Named Inventor **DAVIE**

**COMPLETE IF KNOWN**

Application Number **/**

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**NON-BINDING FULLY RETRACTABLE LATCH ASSEMBLY**

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☐ Customer Number or Bar Code Label  OR ☒ Correspondence address below

Name Philip H. Burrus, IV

Address Intellectual Property Department

Address 8000 West Sunrise Boulevard - Room 1610

City Fort Lauderdale

State Florida

ZIP 33322

Country United States

Telephone (770) 338-3227

Fax (847) 761-1288

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) SEAN NATHAN

Family Name or Surname DAVIE

Inventor's Signature Sean N. Davie

Date 12/14/01

Residence: City LAWRENCEVILLE, GEORGIA

State GA

Country USA

Citizenship US

Mailing Address 719 SIMON WAY

Mailing Address

City LAWRENCEVILLE

State GEORGIA

ZIP 30045

Country USA

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) WILLIAM C.

Family Name or Surname PHELPS, III

Inventor's Signature W. C. Phelps III

Date 12/14/01

Residence: City LAWRENCEVILLE

State GA

Country USA

Citizenship US

Mailing Address 2105 SANDOWN COURT

Mailing Address

City LAWRENCEVILLE

State GEORGIA

ZIP 30043

Country USA

☐ Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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PTO/SB/81 (11-96)

Approved for use through 6/30/99. OMB 0651-0035

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**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT,  
NOT ACCOMPANYING  
APPLICATION**

Application Number	
Filing Date	
First Named Inventor	DAVIE
Group Art Unit	
Examiner Name	
Attorney Docket Number	EN 11358

I hereby appoint:

☐ Practitioners at Customer Number  →

*Place Customer  
Number Bar Code  
Label here*

OR

☒ Practitioner(s) named below:

Name	Registration Number
Philip H. Burrus, IV	45, 432
Scott Kevin Pickens	34, 696

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

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Address					
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Country					
Telephone		Fax			

I am the:

☒ Applicant.

☐ Assignee of record of the entire interest  
*Certificate under 37 CFR 3.73(b) is enclosed*

**SIGNATURE of Applicant or Assignee of Record**

Name	William C. Phelps III
Signature	<i>WCP III</i>
Date	12/14/01

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APPLICATION**

Application Number	
Filing Date	
First Named Inventor	DAVIE
Group Art Unit	
Examiner Name	
Attorney Docket Number	EN11358

I hereby appoint:

☐ Practitioners at Customer Number

OR

☒ Practitioner(s) named below:

Name	Registration Number
Philip H. Burrus, IV	45, 432
Scott Kevin Pickens	34, 696

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I am the:

☒ Applicant.

☐ Assignee of record of the entire interest  
*Certificate under 37 CFR 3.73(b) is enclosed*

**SIGNATURE of Applicant or Assignee of Record**

Name	SEAN DAVIE
Signature	Sean N. Davie
Date	12/14/01

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